

Notice of Availability of Funds for Fiscal Year (FY) 2000

Program Announcement 00100

Community-Based Strategies to Increase HIV Testing of Persons at High Risk in Communities of Color



**Centers for Disease Control and Prevention
National Center for HIV/AIDS, STD, and TB Prevention
Division of HIV/AIDS Prevention
Community Assistance, Planning, and
National Partnerships Branch**



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Who Can Apply Checklist

Use this list before you begin writing your application to be sure that your organization is able (i.e., eligible) to apply for funding under this program announcement.

To be able to apply, you must

- ' Have current 501(c)(3) non-profit, tax exempt status.
- ' Be located in one of the eligible areas (see Attachment 1).
- ' Have more than half of your executive or governing board filled by members of the community(s) of color that will be served.
- ' Have more than half of your key management, supervisory, and administrative positions filled by members of the community(s) of color that will be served.
- ' Have provided HIV prevention or care services to the target population over the last 2 years.
- ' Have discussed with the health department the details of your proposed counseling, testing, and referral program and agree to follow the health departments guidelines for these services (see Attachment 5 for a list of requirements).
- ' Have a letter of intent from a physician stating his/her involvement in HIV testing activities, if applicable. If selected for funding, you will have to have a memorandum of agreement with the physician.
- ' Ask for no more than \$250,000, including indirect costs.
- ' Not be a government or municipal agency including school board, health department, publicly funded hospital, or private or public university or college.
- ' Not be an organization included in the category described in section 501(c)(4) of the Internal Revenue Code of 1986 that engages in lobbying activities.

If you are eligible and you want to apply for funding under this announcement, CDC asks that you let us know your intention to apply by filling out the form found in Attachment 7. Please fax, mail, or e-mail this form to us by **July 7, 2000**.

Application Checklist

Use this list to check to be sure you have included everything that is required in your application.

- ' 501(c)(3) tax exempt certification letter from the Internal Revenue Service.
- ' Letter of support from the health department indicating that you have discussed your proposed activities and that you agree to follow the health department's guidelines as described in Attachment 5.
- ' Letter of intent from a physician indicating his/her involvement in HIV testing of your target population.
- ' Completed Proposal Submission Form (see Attachment 6).
- ' The following parts of the proposal:
 - T Table of Contents
 - T How Do I Show My Eligibility? (See Who Can Apply Checklist, p. 2)
 - T What Do I Include in the Submission Form?
 - T How Do I Write My Proposal? (Narrative)
 - Justification of Need (20 points) (6 pages)
 - Program Activities (40 points) (15 pages)
 - Training, Quality Assurance, and Program Monitoring and Evaluation (25 points) (8 pages)
 - Organization History and Experiences (15 points) (6 pages)
 - T How Much Will Your Proposed Program Cost (Budget)
- ' Description of funding you are currently receiving from other sources for HIV prevention or care activities.
- ' Independent audit statements.
- ' Federal indirect cost rate agreement, if negotiated.
- ' Signed letter from the chief executive officer of the national organization, if you are a local affiliate or chapter of that organization.
- ' Memorandum of agreement or letter of support from current partnering or collaborating organizations.

Your application will not be reviewed if it does not include the information requested above *or* if it is not received or have a postmark from the U.S. Post Office or a commercial carrier (no private meter will be accepted) by August 7, 2000.

Do not write more than 35 pages for the Narrative section of your application. Page limits given for each part of this section are suggested. You may adjust pages for each section as long as you do not exceed a total page count of 35.

SUBMIT YOUR PROPOSAL TO: Ms. Belinda Hammond, Grants Management Branch, Procurement and Grants Office, Program Announcement 00100, Centers for Disease Control and Prevention, 2920 Brandywine Road, Room 3000, Atlanta, Georgia 30341-4146. Telephone: 770-488-2738.

A. Why Are These Funds Being Offered?

For fiscal year 2000, the Centers for Disease Control and Prevention (CDC) is offering funds to community-based organizations (CBOs) to implement innovative strategies to increase the number of high-risk persons who receive HIV prevention counseling, testing, and referral services. These CBOs should be working in communities of color (African-Americans, Hispanics, American Indians, Asian Pacific Islanders) and focus special emphasis on trying to reach those who are positive and do not know their status. This program addresses the "Healthy People 2010" priority area(s) of Educational and Community-Based Programs, HIV Infection, and Sexually Transmitted Diseases (STDs).

GOALS:

- ' To strengthen HIV prevention services provided by CBOs in communities of color which have very high risk of HIV infection.
- ' To increase community-based HIV counseling, testing, and referral services.
- ' To increase the number of high-risk persons who are tested for HIV infection and find out the test results.
- ' To promote successful partnerships to improve HIV testing and prevention efforts.

B. Who Can Apply?

To Be Able to Apply, You *Must*

- ' Have a current non-profit status under Internal Revenue Service Code Section 501(c)(3).
- ' Be located in and provide services to communities of color that are in the 40 metropolitan statistical areas (MSAs) with the highest prevalence of reported AIDS cases as of 1998 or in any of the counties or cities that had the most syphilis cases in 1999 (see Tables 1 and 2 in Attachment 1).
- ' Have more than half of your executive board or governing group filled by members of the ethnic/racial populations you plan to serve.
- ' Have more than half of your key management, supervisory, and administrative positions (e.g., executive, program, fiscal director positions), and more than half of your key service positions (e.g., outreach worker, case manager, counselor, group facilitator) filled by members of the ethnic/racial populations you plan to serve.
- ' Be able to show that your organization has provided HIV prevention or care services to the targeted population for 2 years or more.
- ' Have a current letter of support from the health department that shows you have discussed with them the details of your proposed counseling, testing, and referral activities and that you agree to follow their guidelines for these services (see Attachment 5 for a list of health department requirements). If your organization is selected for funding you will need a formal memorandum of agreement with the health department. (See below for more information on working with the health department.)

WORKING WITH THE HEALTH DEPARTMENT

HIV prevention counseling, testing, and referral are complicated program activities with important legal, medical, and ethical implications. Health departments have been providing these services since the mid 1980s. During these years, they have developed policies, procedures, guidelines, and performance standards for counseling, testing, and referral that are responsive to the specific laws and other issues in their state. Health departments have a legal responsibility to ensure these policies, procedures, guidelines, and performance standards are followed. If you receive funding under this announcement, you are **required** to work with the health department in your area. CDC will help you establish this partnership. The following lists what you must do as an applicant and if you are selected for funding:

Applicant:

- T** Talk with the health department about the details of your proposed counseling, testing, and referral procedures, and research the health departments policies and guidelines for these services (see Attachment 5 for a list of requirements). Your proposed program should be responsive to these requirements.
- T** Include in your application a letter of support from the health department showing you have discussed with them the details of your proposed counseling, testing, and referral activities and that you agree to follow the health departments guidelines for these services (e.g., informed consent, anonymous versus confidential testing, training of counselors, confidentiality, surveillance reporting, laboratory processing) (see

Attachment 5 for more details).

If you are selected for funding:

- T** Obtain an official memorandum of agreement with the health department.
- T** Report to the health department on your activities. The health department will have the forms you need. Information you need to gather will generally include the following, but may vary between health departments: state, site type, site number, date of visit, sex, race/ethnicity, age, reason for visit, risk for HIV infection, whether client accepted testing, results of test, whether post-test counseling occurred, date of post-test counseling and state, county, and zip code of client residence.
- T** Work with the health department to meet their training standards if your organization's staff needs training in how to do HIV prevention counseling, testing, and referral. You must follow the health department's guidelines (see Attachment 5).

In those locations where there are Prevention for HIV-Infected Persons (PHIP) Demonstration Projects, funded organizations will be asked to work in a collaborative relationship with the health department-funded PHIP project. The jurisdictions funded under the PHIP project include California, Maryland, Wisconsin, the City of San Francisco, and Los Angeles County. CDC will assist you in making contact with these PHIP projects.

- ‘ **Not** request more than \$250,000, including indirect costs.
- ‘ **Not** be a government or municipal agency (including a health department, school board, or public hospital), a private or public university or college, or a private hospital.

You can apply on your own or with one or more CBOs as a coalition. The term coalition, for this announcement, means a group of organizations working together, where each organization has a clearly defined activity assigned to them from the overall program plan. All groups share program responsibilities, but the organization applying for funds must take the lead and perform a substantial portion of the program activities. The lead organization must meet all of the requirements listed above. Groups that are to be a part of the coalition must meet the requirement in the second bullet in this section.

NOTE: You can only submit one application. If you apply alone *and* as part of a group, your application will not be reviewed and will be returned to you. Your organization can apply for this funding even if you are currently receiving funding from CDC; however, you must still meet all of the requirements above.

NOTE: Your application will ***not*** be considered for funding if it 1) does not meet any one of the items listed above, 2) asks for funds to support administrative and not program implementation costs, or 3) asks for more than \$250,000, including indirect costs. No organization will receive more than \$250,000 for the first year. Also, public Law 104-65 states that an

organization described in section 501(c)(4) of the Internal Revenue Code of 1986 that engages in lobbying activities ***is not eligible*** to receive Federal funds constituting an award, grant, cooperative agreement, contract, loan, or any other form.

C. How Much Money Is Available?

About \$8 million is available for awards for fiscal year 2000. Those CBOs who are selected will receive funding in September 2000. The funds are to be used during a budget time frame of 12 months.

NOTE: Funding estimates may change based on the availability of funds.

Your organization’s project may be continued for a total of 4 years (i.e., 2000, 2001, 2002, 2003) under this agreement. Funding at the same level after the first year is based on the amount of funds available to CDC and your success and/or progress in meeting your goals and objectives. You must keep track of your successes by writing reports and sending them to CDC. Also, CDC staff may visit your organization to learn about your activities. When asking for the subsequent funding, you must again show CDC that you still meet the requirements stated under “B. Who Can Apply?”.

CDC is committed to working with CBOs in these activities and to ensuring that these funds are distributed in a way that matches the geographic locations and risk behaviors where the epidemic is widespread.

How Is the Money to be Used?

This funding must be used to help communities of color which have high rates of HIV infection or whose members are at a high risk of infection and do not know their status. These funds are intended to increase the number of high-risk persons who get tested for HIV and, as a result, learn their HIV status. They also are intended to support HIV prevention counseling and referral for these persons and their sex or needle-sharing partners, as needed.

NOTE: You *cannot* use these funds to give medical care (e.g., substance abuse treatment, medical treatment, or medications).

Part of the funding received through this announcement can be used to hire one or more contractors or to support coalition partners to help with specific activities; however, you, not the contract organization(s) or the coalition partner(s), must carry out most of the activities (including managing the program and activities) paid for with this funding.

D. What Activities Must My CBO Do?

Prevention Priority Activities

- ' Reaching Your Clients
- ' Counseling and Testing
- ' Referral and Linkages With Other Service Providers
- ' Partner Counseling and Referral Services
- ' Training, Quality Assurance, Program Monitoring, and Evaluation

Reaching Your Clients

There are many activities you might implement to reach those persons who are at a high risk of becoming HIV infected or who are already infected but don't know that they are. Services should be provided in a setting that is comfortable and accessible to your clients. Reaching out to promote easy access will help to inform and encourage these persons to use the HIV prevention services that are available. In your proposed program, you will need to include details of how you plan to reach these sometimes hard-to-reach persons and make counseling, testing, and referral services more easily accessible to them.

Counseling and Testing

Your proposed activities must meet all local and state legal requirements for HIV prevention counseling, testing, and referral services and address how you intend to provide these services in areas with a high rate of HIV infection, AIDS cases, or high-risk activities. You may choose to provide services in your facility or make services available in areas where these persons live, work, and gather (e.g., street outreach using mobile vans, testing in housing projects, testing in parks). Your proposed activities should include plans on how to train staff to

- ' Give persons client-centered prevention counseling, testing, and referral services as outlined in CDC guidance (see Attachment 3).
- ' Follow up with those who have not returned to find out if they are infected with HIV or to receive post-test counseling.
- ' Gather information on your activities to give to the health department and CDC. Your health department will give you the reporting forms you need.

NOTE: Funds from this cooperative

agreement **cannot** be used for ongoing counseling sessions. Your proposed plans should include a way to refer persons who are HIV infected or at a high risk of infection for extended counseling.

Some of the newest rapid test technologies greatly improve testing efforts. As reported in CDC's *Morbidity and Mortality Weekly Report* (March 27, 1998/47[11];211-215), "the use of the rapid test with same-day results for HIV screening in clinical-care settings can substantially improve the delivery of counseling and testing services....providing preliminary positive results also increases the number of infected persons who ultimately learn their infection status and can be referred for medical treatment and prevention services." These tests can be especially effective in outreach activities and consideration should be given to using them. Discuss your proposed testing methods with your health department. CDC will provide more information on rapid tests to those organizations selected for funding.

Referral and Linkages With Other Service Providers

Those persons who are at a high risk of HIV or are infected with the virus will need more services than will be supported by this funding. To meet needs such as ongoing counseling or medical care, you must

- ' Provide referrals for ongoing counseling and other services to meet their needs (e.g., sexually transmitted disease [STD] and tuberculosis screening and treatment, prevention services, mental health services, substance abuse treatment).
- ' Be able to track and report how many HIV-infected persons acted on the referral you provided and are receiving services as a result of the referral.
- ' Keep your referral lists up to date.

Other services that might be needed through this program or through referrals are listed in Attachment 2, "Priority Prevention Services for HIV-Infected Individuals."

NOTE: Because rates of both HIV and STDs are high, prevention programs that include both of these are better able to meet the needs of the target population(s). If your organization does not do STD testing and treatment, then you must find out who in your area does and work closely with them so you can refer your clients when necessary.

Partner Counseling and Referral Services

Sex and needle-sharing partners of HIV infected persons should be told of their risk and be offered HIV prevention counseling, testing, and referral services. Training and experience are necessary to be able to offer this service. If your organization does not have this training or experience, you must work with the health department to determine the best plan for providing partner notification services. Some states require that only the health department provide these services. If you will provide this service, you **must** obtain and follow the health department's guidelines, protocols, procedures, and performance standards for partner counseling and referral. If you do not follow certain guidelines (listed in Attachment 3 and the ones you get from the health department), you could be breaking state laws concerning privacy. Please see Attachment 4 for a list of services you may provide on your own or together with the health department.

Training, Quality Assurance, and Program Monitoring and Evaluation

Staff who will provide HIV counseling, testing, partner counseling, and referral services must be appropriately trained. Also, checking to see how good a job you are doing and continuing to learn ways to improve your program are ongoing parts of this cooperative agreement. It is suggested that if selected for funding, you invest approximately 5 percent of the funds for training, quality assurance, and program monitoring and evaluation.

Your proposed program should address how you would

- ' Keep track of the training your staff receives in pre- and post-test HIV prevention counseling and referral and partner counseling and referral.
- ' Check on whether staff are following guidelines on how to provide pre- and post-test HIV prevention counseling and partner counseling and referral (e.g., have management sit in on a counseling session).
- ' Check on whether staff are following guidelines on testing methods, and laboratory processing.
- ' Determine if objectives, as defined in your application, are being met.
- ' Find out if persons who test positive for HIV infection returned to get their test results.
- ' Know if your services are meeting the needs of the target population. Surveys and focus groups are a good way to collect this information from your clients.
- ' Gather information required by the health department that covers each episode of HIV prevention counseling and testing you provide. Following is the type of information that should be included: state, site type, site number, date of visit, gender, race/ethnicity, age, reason for

visit, risk for HIV infection, whether client accepted testing, results of test, whether post-test HIV prevention counseling occurred, date of post-test HIV prevention counseling and state, county, and zip code of client residence.

How Will CDC Help?

If you are selected for funding, CDC will support you by

- T** Providing assistance and consultation on program and administrative issues through its partnerships with health departments, national and regional minority organizations, contractors, and other national and local organizations.
- T** Meeting with you to find out what your training needs are and working with you to ensure those needs are met.

NOTE: CDC will work with state and local health departments to provide training either directly or through its network of HIV/STD prevention training centers. This service is available to persons who supervise, manage, and perform counseling and referral and other outreach activities and for staff who provide direct patient care.

- T** Sharing the most up-to-date scientific information on risk factors for HIV infection and prevention measures, and successful program strategies to help prevent HIV infection.
- T** Providing assistance and information if you choose to use the new rapid test technologies.
- T** Helping you establish partnerships with state and local health departments, community planning groups, and other groups who receive federal funding to support HIV/AIDS activities.
- T** Making sure that successful prevention interventions, program models, and

lessons learned are shared between grantees through meetings, workshops, conferences, newsletter development, Internet, and other avenues of communication.

- T Overseeing your success in program and fiscal activities, protection of client privacy, and compliance with other requirements that apply to your organization.

E. What Do I Include in My Application and How Should It Look?

NOTE: Applications that do not follow the instructions and format below will be returned without being reviewed.

Application Instructions

Format Guidelines

You ***must***

- T Include page numbers throughout your application. Begin with the first page and number each page through to the last page of the last attachment.
- T Have a Table of Contents for the whole package you send in.
- T Begin each separate section of your application on a new page.
- T Not staple or bind the original document submission or the two (2) copies.
- T Type all materials in a 12 point type size, single spaced.
- T Use 8 ½ X 11 paper.
- T Set the margins at a minimum of 1 inch.
- T Use headers and footers, as needed.
- T Type on one side of the paper only.

Content Guidelines

The sections that follow give you the questions you have to answer to correctly prepare your application. There are four sections:

- T How Do I Show My Eligibility?
- T What Do I Include in the Submission Form?
- T How Do I Write My Proposal (Narrative) and
- T How Much Will My Proposed Program Cost and How Many Staff Do I Need?

When answering the questions below, you must

- T Label each section, as indicated below, using the section title (e.g., How Do I Show My Eligibility?) and, when appropriate, the name of the subsection (e.g., How Do I Write My Proposal [Narrative], Justification of Need).
- T Use the abbreviation N/A (not applicable), if a section does not apply to your application.
- T Include all information that is part of the basic plan (e.g., activity timetables, staff program responsibilities, evaluation plans) in the main section of the application.

NOTE: Your application will be reviewed based on the answers you give to these questions. To be sure you get the best review of your application, follow the format provided below when writing your application. Please answer all questions with complete sentences that provide detailed information about your eligibility and proposed activities. Do not put basic information in attachments.

How Do I Show My Eligibility?

In this section, give us information about

your organization. For example, your non-profit, tax exempt status; target population; goals; and location of your office and proposed target area (see Attachment 1). This will let us know if you are eligible.

You **must** answer **all** of the following questions and provide any documents requested. If you do not provide all the materials requested, your application will not be reviewed and will be returned to you. Place the documents at the end of your application answers for this section. **Do not** place these documents with the attachments that you will include at the end of your application.

- ' Is your organization located within and serving one of the MSAs with the highest prevalence of reported AIDS cases as of 1998 or one of the counties or cities with the highest syphilis cases as of 1999 (see Attachment 1)? If yes, which one?
- ' Does your organization have a current, valid Internal Revenue Service (IRS) 501(c)(3) non-profit status?

NOTE: If you answer yes, you must attach a copy of the letter from the IRS at the end of this section. If you answer no, you are **not** eligible to submit an application.

- ' Has your organization provided HIV prevention or care services to the population you plan to target for two years or more?

NOTE: Attach to the end of this section a list of the HIV prevention or care services your organization has provided to the proposed target population and the time period during which each type of service was provided (e.g., street outreach, July 1996 - present).

- ' Does your organization have an executive board or governing body with more than half of its members belonging to racial/ethnic minority population(s) you plan to serve?

NOTE: Attach to the end of this section a list of your board or governing body members, and indicate for each position held, race/ethnicity, profession, and gender.

- ' Are more than half of key management, supervisory, and administrative positions (e.g., executive director, program director, fiscal director) and more than half of key service provision positions (e.g., outreach worker, prevention case manager, counselor, group facilitator) filled by persons belonging to the racial/ethnic minority population(s) you plan to serve?

NOTE: Attach a list of your current key staff at the end of this section. For each staff person listed, include his/her areas of expertise, role he/she will play in the proposed project, race/ethnicity, and gender. If you think you will need more staff to carry out your proposed plan, please provide a list of staff needed at the end of this section. Include expertise needed, the role they will fill, and race/ethnicity, as it applies.

- ' Do you have a letter of support from the health department indicating that you have discussed with them your plans for HIV prevention counseling, testing, and referral services and that you agree to follow the health department's guidelines for these activities. Please see Attachment 5 for a checklist of information to be included in your letter.

NOTE: Attach the letter from the health department to the end of this section. If you are selected for funding, you will have to have a formalized memorandum of agreement with the health department.

- ' Is your organization applying alone or with other organizations in a coalition (this means a group of organizations working together, where each organization has a clearly defined activity assigned to them from the overall program plan)?
- ' Is your organization currently funded under one of the following CDC Program Announcements: 99091, 99092, 99096, or 00023? If yes, list the amount of your award for each announcement and the cooperative agreement number.
- ' Is your organization a government or municipal agency, a private or public university or college, or a private hospital? (*If you answer yes to any of these, you are not eligible to apply.*)
- ' Is your organization included in the category described in section 501(c)(4) of the Internal Revenue Code of 1986 that engages in lobbying activities? (*If you answer yes to this question, you are not eligible to apply.*)

What Do I Include in the Submission Form?

You must fill out the Submission Form in Attachment 6. It includes a list of questions and a request for an abstract on your proposed program. It will not be scored, but will give us a idea of your overall plan. This will help in the review process. Your abstract should be no more than 100 words and should tell us about

- T The population you plan to target and the geographic area where they

live.

- T The goals and the outcomes you expect to have as a result of the services you are going to provide.
- T A brief description/outline of what you plan to do.

How Do I Write My Proposal (Narrative)?

Your narrative should be no more than 35 pages. We have included the number of points attached to each section and a suggested number of pages. Sections can vary in length as long as the total number of pages of the narrative is no more than 35. The narrative should address the following areas.

Justification of Need

How is this section scored: You will be scored on what information you use and how you use it to demonstrate the need of the target population for your proposed program. Check with the health department for information on the HIV statistics and HIV needs assessment developed for the community planning process. Use this information when writing your answer for this section.

Suggested length: 6 pages

Points for this section: 20 points

Answer all of the following questions for this section.

- (1) How has your proposed target population been affected by the HIV/AIDS epidemic (e.g., how many persons are infected with HIV, with AIDS, how many deaths have there been from AIDS, how do socioeconomics affect the population)? **(5 points)**

- (2) What are the behaviors and other characteristics of your target population that put them at a high risk of becoming infected with HIV or giving HIV to a needle-sharing or sex partner (e.g., unsafe sexual behaviors as indicated by rates of STDs, teen pregnancy rates, or assessments of risk behaviors; substance use rates; environmental, social, cultural, or language characteristics)? **(5 points)**
- (3) What are the barriers to accessing HIV prevention counseling and testing in your target population? How will you address these barriers? **(5 points)**
- (4) Which organizations in your area are providing similar services? Please describe their activities and how your proposed activities will further meet the needs of the target population or improve services provided. **(2 points)**
- (5) Is your proposed target population a priority population as indicated in the comprehensive HIV prevention plan developed through the community planning process? If not, please tell us why your proposed activities are needed? **(3 points)**

Program Activities

How is this section scored: We will look at whether or not your goals are likely to be achieved; if your activities are sound, doable, creative, specific (how detailed you are in what you want to do), time-phased (have you set a time frame), and measurable (can you show that your activities made a difference).

Remember that you will work with the health department and other organizations serving your proposed target population to carry out your program activities. As the applicant,

you must describe how all planned services are to be provided either by you or together with another organization.

Suggested length: 15 pages.

Points for this section: 40 points.

Answer all of the following questions for this section.

What are your objectives and activities to accomplish your objectives for the first year of your proposed project? Include objectives for each of the program areas: **reaching clients, counseling and testing, referral and linkages, partner counseling and referral services**? You must give objectives that can be measured (i.e., you can show with numbers that progress is being made and the specific activities done to achieve each objective).

For Example: Objectives

Reaching clients: Reach # high-risk persons with face-to-face information about the benefits of testing;

Counseling and testing: Inform # persons from the target population of their test results;

Referral and Linkages: Ensure that # HIV-positive persons are able to get medical services;

Partner Counseling and Referral: Successfully inform # partners of their risk and encourage testing. Refer # clients with HIV to the health department for partner counseling and referral services.

Reaching Your Clients (8 points):

- (a) What will you do to reach persons who have not been tested before and who are at high risk because of their behaviors?
- (b) What steps will you take to build trust and credibility with the target

population?

- (c) How will you get the target population to use your services?
- (d) How will you use the available social networks to help you provide counseling and testing services?

Counseling and Testing (10 points):

(Please refer to Attachment 5 for a checklist to help you with counseling and testing.)

- (a) Will you offer confidential or anonymous testing?
- (b) What testing methods will you use?
- (c) How will you ensure that you have approval from a medical doctor for testing activities? (Letter of intent from a physician is required.)
- (d) How will you get the test specimens to a laboratory for processing (including agreements on transportation of specimens to lab, type of testing, and payment for processing fees)?
- (e) How will you collect and report testing information (you should follow the procedures outlined by the health department)?
- (f) How will you follow up with persons who use your services to make sure they receive their test results?
- (g) How will you implement HIV prevention counseling?

Referral and Linkages (6 points):

- (a) How will you help persons who are HIV infected or at a high risk of HIV get the treatment and other services they need (e.g., medical, mental health, and drug use treatment) (see Attachment 4 for other services, including social services such as housing and transportation)?
- (b) Which of your proposed activities will be carried out by those organizations working with you, whether they are part

of an HIV prevention coalition, subcontractors, or non-paid partners? You must provide in your application a memorandum of agreement or letter of intent from all partnering organizations, as applicable.

Partner Counseling and Referral Services (5 points):

How will you ensure that partner counseling and referral services are provided?

Confidentiality (5 points):

What steps will you take to ensure the confidentiality of all records, information, and activities related to your clients?

Management and Staffing of the Program (3 points):

- (a) How will you manage your program?
- (b) What will be the roles and responsibilities of the staff?
- (c) What skills and experience does your staff have?
- (d) What are the roles and responsibilities of those organizations you want to work with you (staff responsibilities, skills, experience)?

Time line (3 points):

What are the details of your time line? Include information on the most important steps in your project and the approximate dates for when a step is begun and expected to be completed.

Training, Quality Assurance, and Program Monitoring and Evaluation

How is this section scored: We will look at your overall plan to determine if your objectives are appropriate to your goals, if they are complete, sound in their methods, doable, specific, time phased (have you set a

time frame), and measurable (can you show that your activities made a difference).

Suggested length: 8 pages

Points for this section: 25 points

In this section, discuss how you will address each of the requirements for training, quality assurance, and program monitoring and evaluation. With each goal and set of objectives, you also need to discuss activities, staffing/resources, data collection, and your time line.

Answer all of the following questions for this section.

- (1) What will you do to make sure your staff gets the training they need? Give an estimate of the number of staff to be trained, which staff will be trained, and who will provide the training? **(4 points)**
- (2) How will you routinely monitor your staff's activities to determine if they are following established guidelines and protocols for pre- and post-test HIV prevention counseling and referral and testing methods and laboratory processing and what training they need? **(3 points)**
- (3) How will you determine and meet your organization's needs in the areas of capacity-building or technical assistance? **(3 points)**
- (4) How will you determine if you are meeting your objectives during the first year of operation? **(4 points)**
- (5) How will you measure whether your services are meeting the needs of the target population and if those you refer for services are using the referral? **(3 points)**
- (6) How will you monitor your activities and those of the organizations working with you as subcontractors or as

collaborators? **(4 points)**

- (7) How will you collect information required by the health department on reaching your clients, counseling and testing, referrals and linkages, and partner counseling and referral services and how will you use this information to improve your program? **(4 points)**

Organizational History and Experience

How is this section scored: We will look at the overall experience of your organization in working with the target population. This will include how much experience you have related to your proposed project.

Suggested length: 6 pages

Points for this section: 15 points

Answer all of the following questions for this section.

- (1) What are the specific kinds of health-related services, other than HIV prevention services, that you have provided your target population and for how long? **(3 points)**
- (2) What are the HIV prevention services (including HIV prevention counseling, testing, and referral services) that you have provided your target population and for how long? **(2 points)**
- (3) What other experience does your organization have in providing services to the target population, and for how long? **(2 points)**
- (4) What is your organization's experience in linking with other organizations for providing HIV care or prevention services and ongoing care, if needed, for your clients? **(3 points)**

NOTE: Please describe the types of services you want to make available and list the activities and materials your organization has to meet these needs.

- (5) What experience does your organization have in record keeping of when and how services are provided, evaluating services, and marketing services to the target population? **(3 points)**
- (6) What experience does your organization have in improving the way services are delivered by finding and accessing other resources (e.g., other organizations, materials, proven strategies)? **(2 points)**

How Much Will My Proposed Program Cost and How Many Staff Do I Need?

In this section, you will need to provide a detailed description of your budget needs and the type and number of staff you will need to successfully put into place your proposed activities. Use Form 5161, 424A for the correct format when writing your budget. These forms are provided in the application package, but are also available in a PDF format at the following Website: <http://www.cdc.gov/hiv/funding/00100>. You must provide details of your budget for each activity you want to do. You must show how the operating costs will support the activities and objectives you propose. Your organization should have the capability to access the Internet and to download documents about HIV from CDC and other sites, as well as have electronic mail (e-mail) available. If you do not have this capability, you must provide a budget for purchasing this equipment. The following information and questions will help you in writing this part of the application.

- (1) What are your budget and staffing needs?
This answer should provide the specifics of how you plan to spend funds. For example, how much funding is needed to provide services to the target population, how much is needed to operate your organization (staff, supplies), how much is needed for contracting with other organizations.

NOTE: CDC may not approve or fund all proposed activities. Give as much detail as possible to support each budget item. List each cost separately when possible.

- (2) If you are contracting with other organizations or are applying as a coalition, you must include in the budget the type and name (if known) of the organization(s); how you chose the organization(s); what activities they will do and why they are the best ones to do these activities; a detailed list of the funds you think you will need to pay the organization(s); why and how long you will use their services; and how you will keep track of what they are doing for you.
- (3) Provide a description for each job, including job title, function, general duties, and activities; the rate of pay and whether it is hourly or salary; and the level of effort and how much time will be spent on the activities (give this in a percentage, e.g., 50% of time spent on evaluation). Also, if you already know names and titles of persons you will be working with, include this information and a resume, if available. If you don't have names yet, tell us how you plan to recruit these persons. For positions that are voluntary, give a description of the work the volunteers will be doing. Also

include the experience and training that is available in relation to the proposed project.

- (4) If you ask for indirect costs, you must include a copy of your organization's current agreement concerning your negotiated Federal indirect cost rate.

What Other Materials Do I Need to Attach?

Any materials you include as attachments should be printed on one side of 8 ½ X 11 paper. Do **not** submit materials that are bound (e.g., booklets or pamphlets, three-ringed binders, or stapled). You also will need to provide 2 copies of these attachments, also on 8 ½ X 11 paper and not bound. If your materials are bound, they will **not** be copied for the reviewers. Following is a list of additional materials to include with your application:

- ' A description of funds you receive from any other source to support your HIV/AIDS programs and other similar programs that target the same population included in your proposed plan. You must include: the name of the organization/source of income, the amount of funding they give you, a very brief description of how you use the funds, and the budget and project time period; and information that tells us that the funds you are requesting through this program announcement will not be used to replace funds received from any other Federal or non-Federal source.

NOTE: CDC-awarded funds can be used to **expand** or **enhance** services supported with other Federal or non-Federal funds.

- ' Independent audit statements from a certified public accountant for the past 2 years (1998, 1999). If you do not have

audit statements, provide completed IRS Form 990s for the last 2 years.

- ' If you are part of a national organization, please include an original, signed letter from the chief executive officer of the national organization that states that they understand this program announcement and the responsibilities you will have if you are chosen for funding.
- ' If you are working with other organizations (e.g., coalition members or referral agencies), you must include a memorandum of understanding or agreement or a letter to show that the relationship is accepted by both organizations. This memorandum or letter should give details about the activities you propose to do with the organization. This must be submitted each year to show that you are still working with the organization.

F. How Do I Submit My Application and When Is It Due?

You must send to us the original and two (2) copies of PHS 5161 (OMB Number 0937-0189). Forms are available at the following Internet address:

<http://www.cdc.gov/od/pgo/forminfo.htm>.

You must also send an original and two (2) copies of your application, including attachments.

Send your application to
Ron Van Duyne
Grants Management Branch
Procurement and Grants Office
Program Announcement 00100 (Belinda Hammond)
Centers for Disease Control and Prevention
2920 Brandywine Road, Room 3000

Atlanta, Georgia 30341-4146

Application Deadline:
August 7, 2000

Your application will be accepted, if it has a postmark of August 7, 2000 that is from the U.S. Postal Service or a commercial carrier (no private meters will be accepted) and arrives in time to be given to the independent review group.

Late Applications: Applications that are not received on time, that do not have a readable postmark, have a postmark from a private meter machine, or arrive too late to be included in the independent review, will be considered late, will *not* be reviewed, and will be returned to the applicant.

To help CDC in the review process, we ask that you send to us by **July 7** either through electronic mail, fax, or the U.S. Post Office a completed Intent to Apply Form, which can be found in Attachment 7. Please see the Attachment for more detailed information and addresses for sending in this information. This is not a requirement, but will help CDC make sure we have enough and the most qualified reviewers for this announcement.

G. How Will My Application Be Scored?

Your application will not be compared to other applications. It will only be reviewed based on the information contained in section "E. What Do I Include in My Application and How Should It Look?". This will be done by an independent review group that is chosen by CDC. Before final award decisions

are made, CDC may make general site visits to those CBOs who rank high on the initial scoring to look at your program, business management, or fiscal capabilities. CDC may also check with the health department and your organization's board of directors to find out more about your organizational structure and the availability of needed services and support.

Technical Reporting Requirements

If you are selected for funding, you must let CDC know how you are doing by sending to us an original plus two (2) copies of

- T** Quarterly progress reports, no later than 30 days after the end of each 3-month period;
- T** A financial status report, no later than 90 days after the end of each budget period;
- T** Final financial report and performance report, no later than 90 days after the end of the project period; and
- T** Reports on the numbers of HIV antibody counseling, testing, and referral activities you have done.

NOTE: Send all reports to the Grants Management Specialist identified in section "I. Where Can I Get More Information."

H. What Else Do I Have to Do?

The following are additional requirements that must be met if awarded a cooperative agreement under this announcement.: AR-4 HIV/AIDS Confidentiality Provisions; AR-5 HIV Program Review Panel Requirements; AR-7 Executive Order 12372 Review; AR-8 Public Health System Reporting Requirements; AR-9 Paperwork Reduction Act Requirements; AR-10 Smoke-Free Workplace Requirements; AR-11 "DRAFT Healthy People 2010"; AR-12 Lobbying

Restrictions; AR-14 Accounting System Requirements. (See Attachment 8 for more details on these requirements.)

This program is authorized under Sections 301(a) and 317 of the Public Health Service Act, 42 U.S.C. 241(a) and 247(b) as amended. The Catalog of Federal Domestic Assistance Number is 93.939, HIV Prevention Activities - Non-Governmental Organization Based.

I. Where Can I Get More Information?

CDC suggests that you do not use the program announcement in the Federal Register, but use this copy for your application. This copy includes the forms you need and has additional information to help you through the process.

To receive additional written information, call The National Prevention Information Network (NPIN) at 1-800-458-5231 (TTY users: 1-800-243-7012) or visit their web site: www.cdcnpin.org/program

OR

You can send requests by fax to 1-888-282-7681 or e-mail to application-cbo@cdcnpin.org

This information, including 5161 forms in PDF and word processing formats, is also posted on the Division of HIV/AIDS Prevention (DHAP) website at <http://www.cdc.gov/hiv/funding/00100> or by contacting NPIN either through their toll-free number: 1-800-458-5231 or their website www.cdcnpin.org/program.

CDC also maintains a Listserv (HIV-PREV) related to this program announcement. If you decide to subscribe to the HIV-PREV Listserv, you will be able to send questions

and will receive an answer and information through e-mail. This would include the latest news regarding the program announcement. Frequently asked questions on the Listserv will be posted to the DHAP Website. You can subscribe to the Listserv on-line or via e-mail by sending a message to: listserv@listserv.cdc.gov and writing the following in the body of the message: subscribe hiv-prev first name last name (e.g., subscribe hiv-prev john smith).

For Program Technical Assistance Contact:

Ted Pestorius
Centers for Disease Control and Prevention
National Center for HIV, STD, and TB Prevention
Division of HIV/AIDS Prevention
Community Assistance, Planning, and National Partnerships Branch
1600 Clifton Road, MS E-58
Atlanta, GA 30333
Telephone (404) 639-5215
E-mail: tpestorius@cdc.gov

For Business Questions Contact:

Belinda Hammond
Centers for Disease Control and Prevention
Procurement and Grants Office
Grants Management Branch
Program Announcement 00100
2920 Brandywine Road, Room 3000,
MS E-15
Atlanta, GA 30341-4146
Telephone (770) 488-2738
E-mail: bhammond@cdc.gov
See also the DHAP home page on the Internet: www.cdc.gov/hiv

Dated: _____
John L. Williams
Director

Procurement and Grants Office

ATTACHMENT 1: Tables 1 and 2

Table 1. Forty High AIDS Prevalence Metropolitan Statistical Areas (MSAs) for 1998*

<i>State</i>	<i>Eligible MSAs/Counties and Cities</i>	<i>Health Department Contact</i>
California	Los Angeles-Long Beach: <i>Los Angeles</i> Oakland: <i>Alemeda, Contra Costa</i> Orange County: <i>Orange</i> Riverside-San Bernadino: <i>Riverside, San Bernadino</i> San Francisco: <i>Marin, San Francisco, San Mateo</i> San Diego: <i>San Diego</i>	California: Mary Geary phone: 916-327-3243 e-mail: mgeary@dhs.ca.gov Los Angeles: Charles Henry phone: 213-351-8001 e-mail: chenry@dhs.co.la.ca.us San Francisco: Marise Rodriguez phone: 415-554-9176 e-mail: marise_rodriguez@dph.sf.ca.us
Connecticut	Hartford: <i>Hartford, Middlesex, Tolland</i> New Haven-Bridgeport-Stamford-Danbury-Waterbury: <i>Fairfield, New Haven</i>	Richard Melchreit phone: 860-509-7800 e-mail: richard.melchreit@po.state.ct.us
Florida	Fort Lauderdale: <i>Broward</i> Jacksonville: <i>Clay, Duval, Nassau, St. Johns</i> Miami: <i>Dade</i> Orlando: <i>Lake, Orange, Osceola, Seminole</i> Tampa-St. Petersburg-Clearwater: <i>Hernando, Hillsborough, Pasco, Pinellas</i> West Palm Beach-Boca Raton: <i>Palm Beach</i>	Marlene Lalota phone: 850-245-4423 e-mail: marlene_lalota@doh.state.fl.us
Georgia	Atlanta: <i>Barrow, Bartow, Carroll, Cherokee, Clayton, Cobb, Coweta, DeKalb, Douglas, Fayette, Forsyth, Fulton, Gwinnett, Henry, Newton, Paulding, Pickens, Rockdale, Spalding, Walton</i>	Miguel Miranda phone: 404-657-3100 e-mail: mamiranda@dhr.state.ga.us
Illinois	Chicago: <i>Cook, DeKalb, DuPage, Grundy, Kane, Kendall, Lake, McHenry, Will</i>	Illinois: Sharon Pierce phone: 217-524-5983 e-mail: spierce@idph.state.il.us Chicago: Janice Johnson phone: 312-747-0120 e-mail: john248w@aol.com
Louisiana	New Orleans: <i>Jefferson, Orleans, Plaquemines, St. Bernard, St. Charles, St. James, St. John the Baptist, St. Tammany</i>	Daphne LeSage phone: 504-568-7474 e-mail: dlesage@dhhmail.dhhstate.la.us
Maryland	Baltimore: <i>Anne Arundel, Baltimore, Carroll, Harford, Howard, Queen Anne's, Baltimore City</i>	Gary Wunderlich phone: 410-767-5287 e-mail: wunderlichg@dhhm.state.md.us

Massachusetts/ New Hampshire	Boston-Worcester- Lawrence-Lowell- Brockton:	<i>Bristol, Essex, Middlesex, Norfolk, Plymouth, Suffolk, Worcester, MA; Hillsborough, Rockingham, Strafford, NH</i>	Massachusetts: Jean McGuire phone: 617-624-5303 e-mail: jean.mcguire@state.ma.us New Hampshire: David Ayotte phone: 603-271-4481 e-mail: dayotte@dhhs.state.nh.us
Michigan	Detroit:	<i>Lapeer, Macomb, Monroe, Oakland, St. Clair, Wayne</i>	Loretta Davis-Satterla phone: 517-335-9673 e-mail: davis-satterla@state.mi.us
Missouri/ Illinois	St. Louis	<i>Franklin, Jefferson, Lincoln, St. Charles, St. Louis, Warren, St. Louis City, MO; Clinton, Jersey, Madison, Monroe, St. Clair, IL</i>	St. Louis: Mary Menges phone: 573-751-6141 e-mail: mengem@mail.health.state.mo.us Illinois: Sharon Pierce phone: 217-524-5983 e-mail: spierce@idph.state.il.us
New York	Nassau-Suffolk: New York City: Rochester:	<i>Nassau, Suffolk Bronx, Kings, New York, Putnam, Queens, Richmond, Rockland, Westchester Genesee, Livingston, Monroe, Ontario, Orleans, Wayne</i>	Maria Favuzzi phone: 212-788-4224 e-mail: mfavuzzi@dohlan.cn.ci.nyc.ny.us
New Jersey/ Pennsylvania	Bergen-Passaic: Middlesex-Somerset- Hunterdon: Jersey City: Newark: Philadelphia:	<i>Bergen, Passaic Hunterdon, Middlesex, Somerset Hudson Essex, Morris, Sussex, Union, Warren Burlington, Camden, Gloucester, Salem, NJ; Bucks, Chester, Delaware, Montgomery, Philadelphia, PA</i>	New Jersey: Laurence E. Ganges phone: 609-984-6125 e-mail: leg@doh.state.nj.us . Philadelphia: Jeffrey Jenne phone: 212-685-5639 e-mail: jeffrey.jenne@phila.gov .
Ohio	Cleveland-Lorain-Elyria:	<i>Ashtabula, Cuyahoga, Geauga, Lake, Lorain, Medina</i>	Lee Evans phone: 614-644-1850 e-mail: levans@gw.odh.state.oh.us
Puerto Rico	San Juan:	<i>Aguas Buenas, Barceloneta, Bayamon, Canovanas, Carolina, Catano, Ceiba, Comerio, Corozal, Dorado, Fajardo, Florida, Guaynabo, Humacao, Juncos, Las Piedras, Loiza, Luquillo, Manati, Morovis, Naguabo, Naranjito, Rio Grande, San Juan, Toa Alta, Toa Baja, Trujillo Alto, Vega Alta, Vega Baja, Yabucoa</i>	Orlando Lopez phone: 787-274-5502 e-mail: olopez@salud.gov.pr .
South Carolina	Columbia:	<i>Lexington, Richland</i>	Lynda Kettinger phone: 803-898-0625 e-mail: kettinld@columb60.dhec.state.sc.us

Tennessee/ Arkansas/ Mississippi	Memphis:	<i>Fayette, Shelby, Tipton, TN; Crittenden, AR; DeSoto, MS</i>	Tennessee: Richard E. Cochran phone: 615-741-7764 e-mail: rcochran@mail.state.tn.us Arkansas: John Chmielewski phone: 501-661-2666 email: jchmielewski@mail.doh.state.ar.us Mississippi: Craig Thomson phone: 601-576-7711 e-mail: Craig.Thompson@msdh.state.ms.us
Texas	Austin: Dallas: Houston: San Antonio:	<i>Bastrop, Caldwell, Hays, Travis, Williamson Collin, Dallas, Denton, Ellis, Henderson, Hunt, Kaufman, Rockwall Chambers, Fort Bend, Harris, Liberty, Montgomery, Waller Bexar, Comal, Guadalupe, Wilson</i>	Texas: Casey Blass or Janna Zumbrun phone: 512-490-2515 e-mail: casey.blass@tdh.state.tx.us janna.zumbrun@tdh.state.tx.us Houston: Lupita Thornton phone: 713-798-0829 e-mail: lthornton@hlt.ci.houston.tx.us
Washington, D.C./ Maryland/ Virginia/ West Virginia	Washington, D.C.: Norfolk-Virginia Beach- Newport News: Richmond-Petersburg:	<i>District of Columbia; Calvert Charles, Frederick, Montgomery, Prince George's, MD; Arlington, Clarke, Culpeper, Fairfax, Fauquier, King George, Loudon, Prince William, Spotsylvania, Stafford, Warren, and the cities of Alexandria, Fairfax, Falls Church, Fredericksburg, Manassas, and Manassas Park, VA; Berkeley, Jefferson, WV. Currituck, NC; Gloucester, Isle of Wight, James city, Mathews, York, and the cities of Chesapeake, Hampton, Newport News, Norfolk, Poquoson, Portsmouth, Suffolk, Virginia Beach, and Williamsburg, VA. Charles city, Chesterfield, Dinwiddie, Goochland, Hagover, Henrico, New Kent, Powhatan, Prince George, and the cities of Colonial Heights, Hopewell, Petersburg, and Richmond, VA.</i>	District of Columbia: Donald Jones phone: 202-727-2500 e-mail: laquank@aol.com Virginia: Teresa Henry phone: 804-371-4119 e-mail: thenry@vdh.state.va.us West Virginia: Loretta Haddy phone: 304-558-5358 e-mail: lorettahaddy@wvdhhr.org Maryland: Gary Wunderlich phone: 410-767-5287 e-mail: wunderlichg@dnhm.state.md.us .

*City names connected with a hyphen or state names connected with a back slash indicate one MSA.

Table 2. Counties and Cities with the most syphilis cases in 1999 (Only those counties and cities not listed above are included in this list.)

<i>State</i>	<i>Eligible County</i>	<i>Health Department Contact</i>
Arizona	Maricopa	Ann Gardner or Lee Connelly phone: 602-230-5819 e-mail: agardne@hs.state.az.us or lconnel@hs.state.az.us
Indiana	Marion	Michael Butler phone: 317-233-7867 e-mail: mbutler@isdh.state.in.us
Kentucky	Jefferson	Gary Kupchinsky phone: 502-564-6539 e-mail: gary.kupchinsky@mail.state.ky
Mississippi	Hinds	Craig Thompson phone: 601-576-7711 e-mail: craig.thompson@msdh.state.ms.us
North Carolina	Guilford, Mecklenburg	<i>Guilford:</i> Harold Gabel phone: 336-373-3283 e-mail: hgabel@mail.co.guilford.nc.us <i>Mecklenburg:</i> Peter Safer phone: 704-336-4700 e-mail: safir@mindspring.com
Oklahoma	Oklahoma City	Bill Pierson phone: 405-271-4636 e-mail: billp@health.state.ok.us
Tennessee	Davidson	<i>Tennessee:</i> Richard E. Cochran phone: 615-741-7764 e-mail: rcochran@mail.state.tn.us
Virginia	Danville	Teresa Henry phone: 804-371-4119 e-mail: thenry@vdh.state.va.us
Washington	King	Karen Hartfield phone: 206-296-4649 e-mail: karen.hartfield@metrokc.gov
Wisconsin	Milwaukee	Kathleen Krchnavek phone: 608-267-3583 e-mail: krchnka@dhfs.state.wi.us

ATTACHMENT 2: Priority Prevention Services for HIV-Infected Individuals

Goal 1: Increase the number and proportion of individuals at high risk who know their HIV serostatus as early as possible after the initial infection. To do this

- T conduct targeted programs using a marketing, communications model to promote the idea and benefits of knowing one's HIV serostatus.
- T identify and remove barriers to persons seeking and accessing counseling and testing services (e.g., provide opportunities for anonymous testing).
- T use new testing technologies (e.g., rapid testing, oral fluid testing, viral load, PCR) to reach hard-to-reach populations and extend the outreach of counseling and testing services to community settings.
- T remember to encourage HIV counseling and testing at every opportunity.
- T determine and address the reasons why persons who are HIV infected do not return to learn their serostatus.
- T use partner counseling and referral services.

Goal 2: Provide HIV primary prevention services to HIV-infected individuals.

These services include:

- T client-centered counseling with continuous support for all these individuals.
- T multi-session individual, couple, or group risk reduction counseling as needed. Priority should be given to those most likely to transmit the disease.

- T sharing strategies on how to modify high risk-behaviors with those having difficulty.
- T Prevention Case Management services for those who are at a substantial risk of transmitting the virus.
- T ongoing HIV prevention services within the context of medical care and antiretroviral therapy in accordance with Public Health Service Guidelines (see Attachment 3).
- T Sex and needle-sharing partner counseling and referral services, placing a higher priority on provider-referral systems.
- T Priority drug treatment services for HIV-infected injection drug users.

Goal 3: Assist all HIV-infected individuals with access to medical care, antiretroviral treatment, and other needed services.

This can be achieved by

- T identifying models for strengthening links with medical care and other services, as needed.
- T monitoring and evaluating referral systems.
- T assisting HIV-infected women in learning their serostatus.
- T using antiretroviral treatment to reduce or eliminate the risk of perinatal transmission of HIV.
- T ensuring STD screening, diagnosis, treatment, and related counseling is available.
- T developing and providing behavior intervention services and other support for adhering to antiretroviral treatment and prevention of

opportunistic infections

Goal 4: Improve quality assurance strategies, training, and technology transfer systems to strengthen services available to high-risk and HIV-infected individuals. To do this

- T** establish performance standards for CDC-funded counseling/testing services.
- T** require provider certification regarding the use of the performance standards for CDC-funded counseling/testing services.
- T** provide sample models of quality assurance systems to ensure standards are being applied.
- T** assess the implementation of the standards.
- T** assess training curricula to include any new technologies, policies, and service systems, as appropriate.

ATTACHMENT 3: Guidelines

All of the following documents can be accessed through the following Internet address www.cdc.gov/hiv/funding/00100 or by contacting the **National Prevention Information Network** at 1-800-458-5231.

CDC Report of the NIH Panel to Define Principles of Therapy of HIV Infection and Guidelines for the Use of Antiretroviral Agents in HIV-Infected Adults and Adolescents. MMWR 1998;47(No.RR-5)
www.cdc.gov/hiv/pubs/mmwr/mmwr1998.htm

HIV Counseling, Testing and Referral: Standards & Guidelines.
Centers for Disease Control and Prevention. U.S. Department of Health and Human Services. Atlanta, GA; 1994.
www.cdc.gov/hiv/pubs/hivctsrc.pdf

Revised Guidelines for Counseling, Testing, and Referral.
Centers for Disease Control and Prevention. U.S. Department of Health and Human Services. In draft.
<http://www.cdc.gov/hiv/funding/00100>

HIV Partner Counseling and Referral Services. Guidance. Centers for Disease Control and Prevention. U.S. Department of Health and Human Services. Atlanta, Georgia; December 1998.
<http://www.cdc.gov/hiv/pubs/pcrs.htm>

Public Health Service Guidelines for Counseling and Antibody Testing to Prevent HIV Infection and AIDS.
Centers for Disease Control and Prevention. MMWR 1987, August 14;36:509-15.
www.cdc.gov/epo/mmwr/preview/mmwrhtml/00015088.htm

Quality Assurance of HIV Prevention Counseling in a Multi-Center Randomized Controlled Trial.
Kamb ML, Dillon BA, Fishbein M, Willis KL. Public Health Reports 1996;111(S1):99-107.

Recommendations for HIV Testing Services for Inpatients and Outpatients in Acute-Care Hospital Settings.
Centers for Disease Control and Prevention. 1993. MMWR Recommendations and Reports. U.S. Department of Health and Human Services, Atlanta, GA; Vol. 42, No. RR-2, January 15, 1993.
www.cdc.gov/hiv/pubs/mmwr/mmwr1993.htm

ATTACHMENT 4: Partner Counseling and Referral Services

Independently or in partnership, all recipients must

- T** ensure the provision of voluntary, client-centered counseling and referral for the sex and needle-sharing partners of HIV-infected persons, consistent with current CDC guidance (see Attachment 4 for reference information on *Partner Counseling and Referral Services Guidelines*).
- T** ensure a good faith effort to notify spouses of infected persons as required by law and as certified to CDC.
- T** have in place a mechanism to determine that appropriate follow-up of partners has been completed and that partners have been counseled and referred.
- T** assess the partner counseling and referral program and improve its function.

Partner counseling and referral should

- T** inform partners of their possible exposure to HIV.
- T** provide partners with client-centered prevention counseling that assists and supports them in their efforts to reduce their risks of acquiring HIV or, if infected, of transmitting HIV infection.
- T** minimize or delay disease progression by identifying HIV-infected partners as early as possible in the course of their HIV infection and help them obtain appropriate preventive, medical, and other support services.

Partner counseling and referral programs should include the following components, ensuring that they are consistent with state and federal laws:

Client Referral: Program staff provide the

HIV-infected person with counseling and support on how to tell and refer his or her sex or needle-sharing partner(s) to client-centered HIV prevention counseling services. The HIV-infected person then notifies his or her sex or needle-sharing partner(s) of his or her exposure to HIV and provides information of where to go for prevention counseling services.

Provider Referral: A specially trained health professional notifies the HIV-infected individual's sex or needle-sharing partner(s) of his or her possible exposure to HIV. In situations where the HIV-infected person chooses provider referral, program staff will offer assistance in notifying those partners and offering them counseling, testing, and referral services.

Partner Notification: The Ryan White CARE Reauthorization Act of 1996, Public Law 104-146, Section 8 (a), requires that States take "administrative or legislative action to require a good faith effort be made to notify a spouse of a known HIV-infected patient that such a spouse may have been exposed to the human immunodeficiency virus and should seek testing." The statute defines a spouse as any individual who is the marriage partner, as defined by state law, of an HIV-infected person, or who has been the marriage partner of that person at any time within the 10-year period prior to the diagnosis of HIV infection. Cooperative agreement recipients must comply with these requirements. Currently, all states and territories have certified to CDC that they will require a good faith effort as required by law. Recipients should coordinate with the health department to ensure partner

notification.

The partner counseling and referral program should be evaluated periodically. The program should be evaluated to

- T** better direct services to HIV-infected populations.
- T** help identify barriers and gaps in service delivery.
- T** analyze and refine resource allocation (i.e. to direct funds where they are most needed).
- T** provide population-specific feedback to health departments, community-based organization staff, the community planning group, and other community prevention partners.
- T** identify technical assistance needs, including training.

Data should be maintained locally to assist in developing and monitoring local services. Recipients must adhere to strict protection and confidentiality of client and partner records.

ATTACHMENT 5: Health Department Counseling, Testing, and Referral Activities Checklist

The following is a checklist of the areas of counseling, testing, and referral activities that you need to discuss with the health department. With your application, you must send a letter of support from the health department that shows you have discussed with them and intend to follow their guidelines, policies, and performance standards in the following areas:

Anonymous versus confidential testing
(Tell what will guide your testing practices.)

Informed Consent
(Ensure your clients are fully informed before testing.)

Training of counselors (List the number of staff who need to be trained, who will do the training, and when will the training be held.)

Confidentiality (Provide forms to each staff member to sign to make sure confidentiality is respected.)

Surveillance reporting (Follow the guidelines set by the health department.)

Laboratory processing (Tell how you have set up agreements to transport testing specimens to a lab for processing, what type of testing you are offering [e.g., rapid test], who will pay for lab processing.)

Type of testing (Determine what type of testing you are using Orasure, Rapid Test, etc.)

Follow-up for results, especially of those persons who are infected with HIV
(Create a plan to follow those persons who are HIV infected and do not return for their results.)

Early intervention services for HIV infected persons (Create a plan to make sure persons who are infected and know their status are aware of medical and treatment programs available.)

Data collection and reporting (Make sure your collection and reporting methods are the same as the health departments.)

Quality assurance of counselors (Set in place a way and a schedule for finding out how well the counselors are doing their job.)

Linkages with partner notification
(Decide who will notify the sex or needle sharing partner of a person infected with HIV.)

Synchronized with local laws (Make sure you are in line with any laws in your area concerning testing, counseling, and referral).

Populations to be targeted (Know which group[s] you want to provide services to.)

Standing orders with a physician (You must provide a letter of intent from a physician with your application and a memorandum of agreement if selected for funding.)

Other

ATTACHMENT 6: Proposal Submission Form

Name of the applicant _____

Employer Identification Number (of the agency applying for funds) _____

City _____ State _____

Name of individual to contact in case of questions regarding this form: _____

Phone number _____ Fax Number _____ Email address _____

Which risk behavior(s) will you target under program announcement 00100? Please select all that apply and give the percentage represented by each group. For example: **Bisexual Men, 50%; Heterosexuals, 50%**. Also, please indicate, by circling the appropriate letter below, if a group is **Exclusive (E)**: Only targeting this group; **Primary (P)**: Targeting more than one group as the primary focus; or **Secondary (S)**: Group will be engaged as part of the intervention, but is not the primary target.

<p>" Men who have sex with other men _____ % E P S</p> <p>" Bisexual men _____ % E P S</p> <p>" Transgenders _____ % E P S</p> <p>" Youth (13 - 19 years) _____ % E P S</p> <p>" Sex workers _____ % E P S</p> <p><i>Of the populations you plan to serve, give the percentage represented by each of these groups?</i></p>	<p>" Heterosexuals _____ % E P S</p> <p>" Sex workers _____ % E P S</p> <p>" Inmates _____ % E P S</p> <p>" Youth (13 - 19 years) _____ % E P S</p> <p>" HIV positive individuals _____ % E P S</p> <p>" Partners of substance users _____ % E P S</p> <p>" Partners of bisexual men _____ % E P S</p> <p>" Homeless _____ % E P S</p> <p>" Other _____ % E P S</p> <p><i>Of the populations you plan to serve, give the percentage represented by each of these groups?</i></p>
<p>" Intravenous drug users _____ % E P S</p> <p>" Substance users _____ % E P S</p> <p><i>Of the populations you plan to serve, give the percentage represented by each of these groups?</i></p>	

Which racial/ethnic group do you plan to target under program announcement 00100? Please select all that apply and give the percentage represented by each group. For example: **African Americans, 50%; Hispanic/Latinos, 50%**. Also, please indicate if a group is **Exclusive (E)**: Only targeting this group; **Primary (P)**: Targeting more than one group as the primary focus; or **Secondary (S)**: Group will be engaged as part of the intervention, but is not the primary target by circling the appropriate letter below.

<p>" African Americans _____ % E P S</p> <p>" Hispanic/Latinos _____ % E P S</p> <p>" Asian/Pacific Islanders _____ % E P S</p> <p>" Alaska/Native Americans _____ % E P S</p>	
--	--

Please provide a short description of your target population and program plan.

Are you currently funded under any of the following announcements? If yes, please give the award amount you received.

	" 99091	" 99092	" 99096	" 00023
Amount Awarded	\$ _____	\$ _____	\$ _____	\$ _____

ATTACHMENT 7: Intent to Apply

TO: Ted Pestorius

FAX: 404-639-5257

PHONE: 404-639-5215

This is to inform you that our organization is interested in applying for funding under Program Announcement #00100 Community-Based Strategies to Increase HIV Testing of Persons at High Risk in Communities of Color. We understand that this is not a commitment, but is provided to CDC only for purposes of adequately and fairly staffing the panel to review applications submitted in response to Program Announcement #00100.

OUR ORGANIZATION'S NAME:

OUR ORGANIZATION'S ADDRESS:

PHONE: _____ FAX: _____

PLEASE FAX THIS FORM BACK BY CLOSE OF BUSINESS ON July 7, 2000.

ATTACHMENT 8: Additional Requirements

AR-4

HIV/AIDS Confidentiality Provisions

Recipients must have confidentiality and security provisions to protect data collected through HIV/AIDS surveillance, including copies of local data release policies; employee training in confidentiality provisions; State laws, rules, or regulations pertaining to the protection or release of surveillance information; and physical security of hard copies and electronic files containing confidential surveillance information.

Describe laws, rules, regulations, or health department policies that require or permit the release of patient-identifying information collected under the HIV/AIDS surveillance system to entities outside the public health department; describe also the measures the health department has taken to ensure that persons reported to the surveillance system are protected from further or unlawful disclosure.

Some projects may require Institutional Review Board (IRB) approval or a certificate of confidentiality.

AR-5

HIV Program Review Panel Requirements

Compliance with *Content of AIDS-Related Written Materials, Pictorials, Audiovisuals, Questionnaires, Survey Instruments, and Educational Sessions* (June 1992) (a copy is in the application kit) is required.

To meet the requirements for a program review panel, you are encouraged to use an existing program review panel, such as the one created by the State health department's HIV/AIDS prevention program. If you form your own program review panel, at least one member must be an employee (or a designated representative) of a State or local

health department. List the names of the review panel members on the Assurance of Compliance form, CDC 0.1113, which is also included in the application kit. Submit the program review panel's report that all materials have been approved.

If the proposed project involves hosting a conference, submit the program review panel's report stating that all materials, including the proposed conference agenda, have been approved. Submit a copy of the proposed agenda with the application.

Before funds are used to develop educational materials, determine whether suitable materials already exist in the National Prevention Information Network at **1-800-458-5231** or visiting their website at www.cdcnpin.org.

AR-7

Executive Order 12372 Review

Applications are subject to Intergovernmental Review of Federal Programs, as governed by Executive Order (E.O.) 12372. The order sets up a system for State and local governmental review of proposed Federal assistance applications. Applicants should contact their State single point of contact (SPOC) as early as possible to alert the SPOC to prospective applications and to receive instructions on the State process. For proposed projects serving more than one State, the applicant is advised to contact the SPOC for each State affected. (See Attachment 9 for a current list of SPOCs.) SPOCs who have recommendations about the State process for applications submitted to CDC should send them, in a document bearing the program announcement number, no more than 60 days after the application deadline date, to

Belinda Hammond
Grants Management Specialist

Grants Management Branch,
Procurement and Grants Office
Announcement Number [00100]
Centers for Disease Control and
Prevention
2920 Brandywine Road, Room 3000
Atlanta, GA 30341-4146

CDC does not guarantee to accept or justify its nonacceptance of recommendations that are received more than 60 days after the application deadline.

AR-8 Public Health System Reporting Requirements

This program is subject to the Public Health System Reporting Requirements. Under these requirements, all community-based non-governmental organizations submitting health services applications must prepare and submit the items identified below to the head of the appropriate State and/or local health agency(s) in the program area(s) that may be impacted by the proposed project no later than the application deadline date of the Federal application. The appropriate State and/or local health agency is determined by the applicant. The following information must be provided:

- A copy of the face page of the application (SF 424).
- A summary of the project that should be titled "Public Health System Impact Statement" (PHSIS), not exceed one page, and include the following:
 - < A description of the population to be served;
 - < A summary of the services to be provided; and
 - < A description of the coordination plans with the appropriate state and/or local health agencies.

If the State and/or local health official should desire a copy of the entire application, it may be obtained from the State Single Point of Contact (SPOC) or directly from the

applicant.

AR-9 Paperwork Reduction Act Requirements

Projects that involve data collection from 10 or more persons and that are funded by grants and cooperative agreements will be subject to review and approval by the Office of Management and Budget (OMB).

If information is being collected from 10 or more persons and CDC has not received OMB approval, use the following:

Under the Paperwork Reduction Act, projects that involve the collection of information from 10 or more individuals and funded by a cooperative agreement will be subject to review and approval by the Office of Management and Budget (OMB).

OMB clearance for the data collection initiated under this grant/cooperative agreement is pending approval by OMB.

AR-10 Smoke-Free Workplace Requirements

CDC strongly encourages all recipients to provide a smoke-free workplace and to promote abstinence from all tobacco products. Public Law 103-227, the Pro-Children Act of 1994, prohibits smoking in certain facilities that receive Federal funds in which education, library, day care, health care, or early childhood development services are provided to children.

AR-11 Healthy People 2000

CDC is committed to achieving the health promotion and disease prevention objectives of "Healthy People 2000," a national activity to reduce morbidity and mortality and improve the quality of life. For a copy of "Healthy People 2000" (Full Report: Stock No. 017-001-00474-0) or "Healthy People 2000" (Summary Report: Stock No. 017-001-00473-1), write or call:

Superintendent of Documents
Government Printing Office
Washington, D.C. 20402-9325
Telephone (202) 512-1800

AR-12

Lobbying Restrictions

Applicants should be aware of restrictions on the use of HHS funds for lobbying of Federal or State legislative bodies. Under the provisions of 31 U.S.C. Section 1352 (which has been in effect since December 23, 1989), recipients (and their subtier contractors) are prohibited from using appropriated Federal funds (other than profits from a Federal contract) for lobbying congress or any Federal agency in connection with the award of a particular contract, grant, cooperative agreement, or loan. This includes grants/cooperative agreements that, in whole or in part, involve conferences for which Federal funds cannot be used directly or indirectly to encourage participants to lobby or to instruct participants on how to lobby.

In addition no part of CDC appropriated funds, shall be used, other than for normal and recognized executive-legislative relationships, for publicity or propaganda purposes, for the preparation, distribution, or use of any kit, pamphlet, booklet, publication, radio, television, or video presentation designed to support or defeat legislation pending before the Congress or any State or local legislature, except in presentation to the Congress or any State or local legislature itself. No part of the appropriated funds shall be used to pay the salary or expenses of any grant or contract recipient, or agent acting for such recipient, related to any activity designed to influence legislation or appropriations pending before the Congress or any State or local legislature.

AR-14

Accounting System Requirements

The services of a certified public accountant licensed by the State Board of Accountancy or the equivalent must be retained throughout the project as a part of the recipient's staff or as a consultant to the recipient's accounting personnel. These services may include the design, implementation, and maintenance of an accounting system that will record receipts and expenditures of Federal funds in accordance with accounting principles, Federal regulations, and terms of the cooperative agreement or grant.

Capability Assessment

It may be necessary to conduct an on-site evaluation of some applicant organization's financial management capabilities prior to or immediately following the award of the grant or cooperative agreement.

Audits

Independent audit statements from a Certified Public Accountant (CPA) for the preceding two fiscal years must be provided with the application.

Independent Audit

The grantee must obtain an annual audit by an independent Certified Public Accountant (CPA), licensed by the respective State Board of Accountancy or equivalent, of the funds claimed for reimbursement under this cooperative agreement. The audit must comply with OMB Circular A-133, revised June 24, 1997 which rescinded OMB Circular A-128 "Audits of State and Local Governments."

ATTACHMENT 9: State Single Points of Contact

ARIZONA

Joni Saad
Arizona State Clearinghouse
3800 N. Central Avenue
Fourteenth Floor
Phoenix, Arizona 85012
Telephone: (602) 280-1315
FAX: (602) 280-8144

ARKANSAS

Mr. Tracy L. Copeland
Manager, State Clearinghouse
Office of Intergovernmental Services
Department of Finance and Administration
515 W. 7th St., Room 412
Little Rock, Arkansas 72203
Telephone: (501) 682-1074
FAX: (501) 682-5206

CALIFORNIA

Grants Coordination
State Clearinghouse
Office of Planning & Research
1400 Tenth Street, Room 121
Sacramento, California 95814
Telephone: (916) 445-0613
FAX: (916) 323-3018

DELAWARE

Francine Booth
State Single Point of Contact
Executive Department
Office of the Budget
540 S. Dupont Highway
Suite 5
Dover, Delaware 19901
Telephone: (302) 739-3326
FAX: (302) 739-5661

DISTRICT OF COLUMBIA

Charles Nichols
State Single Point of Contact
Office of Grants Mgmt. & Dev.
717 14th Street, N.W. Suite 1200
Washington, D.C. 20005

Telephone: (202) 727-1700 (direct)
(202) 727-6537 (secretary)
FAX: (202) 727-1617

FLORIDA

Florida State Clearinghouse
Department of Community Affairs
2555 Shumard Oak Blvd.
Tallahassee, Florida 32399-2100
Telephone: (850) 922-5438
FAX: (850) 414-0479
Contact: Cherie Trainor
(850) 414-5495

GEORGIA

Deborah Stephens
Coordinator
Georgia State Clearinghouse
270 Washington Street, S.W. - 8th Floor
Atlanta, Georgia 30334
Telephone: (404) 656-3855
FAX: (404) 656-7901

ILLINOIS

Virginia Bova, State Single Point of Contact
Illinois Department of Commerce and
Community Affairs
James R. Thompson Center
100 West Randolph, Suite 3-400
Chicago, Illinois 60601
Telephone: (312) 814-6028
FAX (312) 814-1800

INDIANA

Renee Miller
State Budget Agency
212 State House
Indianapolis, Indiana 46204-2796
Telephone: (317) 232-2971 (directline)
FAX: (317) 233-3323

IOWA

Steven R. McCann
Division for Community Assistance
Iowa Department of Economic Development

200 East Grand Avenue
Des Moines, Iowa 50309
Telephone: (515) 242-4719
FAX: (515) 242-4809

KENTUCKY

Kevin J. Goldsmith, Director
Sandra Brewer, Executive Secretary
Intergovernmental Affairs
Office of the Governor
700 Capitol Avenue
Frankfort, Kentucky 40601
Telephone: (502) 564-2611
FAX: (502) 564-0437

MAINE

Joyce Benson
State Planning Office
184 State Street
38 State House Station
Augusta, Maine 04333
Telephone: (207) 287-3261
FAX: (207) 287-6489

MARYLAND

Linda Janey
Manager, Plan & Project Review
Maryland Office of Planning
301 W. Preston Street - Room 1104
Baltimore, Maryland 21201-2365
Staff Contact: Linda Janey
Telephone: (410) 767-4490
FAX: (410) 767-4480

MICHIGAN

Richard Pfaff
Southeast Michigan Council of Governments
660 Plaza Drive - Suite 1900
Detroit, Michigan 48226
Telephone: (313) 961-4266
FAX: (313) 961-4869

MISSISSIPPI

Cathy Mallette
Clearinghouse Officer
Department of Finance and Administration
550 High Street
303 Walters Sillers Building

Jackson, Mississippi 39201-3087
Telephone: (601) 359-6762
FAX: (601) 359-6758

MISSOURI

Lois Pohl
Federal Assistance Clearinghouse
Office of Administration
P.O. Box 809
Jefferson Building, 9th Floor
Jefferson City, Missouri 65102
Telephone: (314) 751-4834
FAX: (314) 751-7819

NEVADA

Department of Administration
State Clearinghouse
209 E. Musser Street, Room 220
Carson City, Nevada 89710
Telephone: (702) 687-4065
FAX: (702) 687-3983
Contact: Heather Elliot
(702) 687-6367

NEW HAMPSHIRE

Jeffrey H. Taylor
Director, New Hampshire Office of State Planning
Attn: Intergovernmental Review Process
Mike Blake
2 1/2 Beacon Street
Concord, New Hampshire 03301
Telephone: (603) 271-2155
FAX: (603) 271-1728

NEW MEXICO

Nick Mandell
Local Government Division
Room 201 Bataan Memorial Building
Santa Fe, New Mexico 87503
Telephone: (505) 827-3640
Fax: (505) 827-4984

NEW YORK

New York State Clearinghouse
Division of the Budget
State Capitol
Albany, New York 12224
Telephone: (518) 474-1605

FAX: (518) 486-5617

NORTH CAROLINA

Jeanette Furney
North Carolina Department of Administration
116 West Jones Street - Suite 5106
Raleigh, North Carolina 27603-8003
Telephone: (919) 733-7232
FAX: (919) 733-9571

NORTH DAKOTA

North Dakota Single Point of Contact
Office of Intergovernmental Assistance
600 East Boulevard Avenue
Bismarck, North Dakota 58505-0170
Telephone: (701) 224-2094
FAX: (701) 224-2308

RHODE ISLAND

Kevin Nelson
Review Coordinator
Department of Administration
Division of Planning
One Capitol Hill, 4th Floor
Providence, Rhode Island 02908-5870
Telephone: (401) 277-2656
FAX: (401) 277-2083

SOUTH CAROLINA

Omeagia Burgess
State Single Point of Contact
Budget and Control Board
Office of State Budget
1122 Ladies Street - 12th Floor
Columbia, South Carolina 29201
Telephone: (803) 734-0494
FAX: (803) 734-0645

TEXAS

Tom Adams
Governors Office
Director, Intergovernmental Coordination
P.O. Box 12428
Austin, Texas 78711
Telephone: (512) 463-1771
FAX: (512) 936-2681

UTAH

Carolyn Wright
Utah State Clearinghouse
Office of Planning and Budget
Room 116 State Capitol
Salt Lake City, Utah 84114
Telephone: (801) 538-1027
FAX: (801) 538-1547

WEST VIRGINIA

Fred Cutlip, Director
Community Development Division
W. Virginia Development Office
Building #6, Room 553
Charleston, West Virginia 25305
Telephone: (304) 558-4010
FAX: (304) 558-3248

WISCONSIN

Jeff Smith
Section Chief, Federal/State Relations
Wisconsin Department of Administration
101 East Wilson Street - 6th Floor
P.O. Box 7868
Madison, Wisconsin 53707
Telephone: (608) 266-0267
FAX: (608) 267-6931

WYOMING

Sandy Ross
State Single Point of Contact
Department of Administration and Information
2001 Capitol Avenue, Room 214
Cheyenne, WY 82002
Telephone: (307) 777-5492
FAX: (307) 777-3696

TERRITORIES

GUAM

Joseph Rivera
Acting Director
Bureau of Budget and Management Research
Office of the Governor
P.O. Box 2950
Agana, Guam 96932
Telephone: (671)475-9411 or 9412
FAX: (671)472-2825

PUERTO RICO

Jose Caballero-Mercado
Chairman
Puerto Rico Planning Board
Federal Proposals Review Office
Minillas Government Center
P.O. Box 41119
San Juan, Puerto Rico 00940-1119
Telephone: (787) 727-4444
(787) 723-6190
FAX: (787) 724-3270

NORTH MARIANA ISLANDS

Mr. Alvaro A. Santos, Executive Officer
Office of Management and Budget
Office of the Governor
Saipan, MP 96950
Telephone: (670) 664-2256
FAX: (670) 664-2272
Contact person: Ms. Jacoba T. Seman
Federal Programs Coordinator
Telephone: (670) 664-2289
FAX: (670) 664-2272

VIRGIN ISLANDS

Nellon Bowry
Director, Office of Management and Budget
#41 Norregade Emancipation Garden
Station, Second Floor
Saint Thomas, Virgin Islands 00802